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CONFIRMATION NO. 1677

<b>SERIAL NUMBER</b> 10/734,309	<b>FILING OR 371(c) DATE</b> 12/12/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> MYO1001US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/136,446 05/02/2002 which is a CON of 09/422,328 10/21/1999 PAT 6,406,420  
 which is a CIP of 09/124,286 07/29/1998 PAT 6,045,497  
 which is a CIP of 08/933,456 09/18/1997 PAT 5,961,440  
 which is a CIP of 08/778,277 01/02/1997 PAT 6,050,936

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

AA

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 03/26/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials				

**ADDRESS**

009561

**TITLE**

Methods and devices for improving cardiac function in hearts

<b>FILING FEE RECEIVED</b> 610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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